

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155061		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/16/2011	
NAME OF PROVIDER OR SUPPLIER WOODLAND HILLS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 403 BIELBY ROAD LAWRENCEBURG, IN47025			
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F0000	<p>This visit was for the Investigation of Complaint IN00090462</p> <p>Complaint IN00090462- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: May 11, 12, and 16, 2011.</p> <p>Facility number: 000022 Provider number: 155061 AIM number: 100274510</p> <p>Survey team: Penny Marlatt, RN, TC Diana Sidell, RN Janie Faulkner, RN (May 12, 2011)</p> <p>Census bed type: SNF: 10 SNF/NF: 51 Total: 61</p> <p>Census payor type: Medicare: 11 Medicaid: 43 Other: 7 Total: 61</p> <p>Sample: 3 Supplemental sample: 2</p>			F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for the survey ending May 16th, 2011. Due to low scope and severity of the survey findings, please also find enclosed sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0514 SS=D	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on May 17, 2011 by Bev Faulkner, RN</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review, observation, and interview, the facility failed to ensure medication orders were accurately transcribed on recapitulation orders and as needed oxygen was documented when used.</p>			F0514	<p>F514 Requires the facility to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily assessable; and systematically organized. The facility will ensure this requirement is met through the following corrective measures: 1. Resident C was not harmed. The respiratory treatment order was clarified with the physician and the 8pm treatment was discontinued. The resident upon review at this time was not wearing oxygen and prn order was being followed. 2. All residents have the potential to be</p>		06/01/2011

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	<p>This affected 1 of 3 residents reviewed for complete and accurate records in a sample of 3. (Resident #C)</p> <p>Findings include:</p> <p>A policy and procedure for "END OF MONTH PHYSICIAN'S ORDER REVIEW PROCEDURE (RE-WRITES)" was provided by the Corporate Nurse Consultant on 5/16/11 at 11:47 a.m. The policy included, but was not limited to: "PURPOSE: To ensure that all new</p>				<p>affected. All re-capitulation orders will be reviewed to ensure accuracy.3. The policy and procedure for transcribing rewrites and continuous oxygen were reviewed with no changes made. (See attachment A and B). Nursing staff were inserviced on the above procedure. The DON or her designee will utilize the nursing monitoring tool (See attachment C) to ensure all new orders as well as the monthly rewrites are transcribed accurately on the physician's telephone order, MAR/TAR, and the rewrites. If an error is noted, the order will be clarified with the physician immediately and transcribed correctly. The DON or her designee will also daily monitor all residents who have an oxygen order to ensure that if oxygen is in use, that it is signed out on the respiratory TAR. The physician's orders and oxygen useage for residents will be reviewed daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter. 4. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of action will be adjusted accordingly. 5. The above corrective measures will be completed on or before June1, 2011.</p>		

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	orders, changed orders and discontinued orders are correctly reflected on physician order rewrites. PROCEDURE: 1. Compare new rewrite with previous rewrite and with all additional orders written since last rewrite signed by physician. 2. Add any new orders to the new rewrite...5. Compare MAR (Medication Administration Record) for new month with new month's reviewed rewrites. Make corrections, additions, etc. 6. Compare						

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	<p>Treatment sheet for new month with new month's reviewed rewrites...."</p> <p>1. Resident #C's record was reviewed on 5/12/11 at 5:43 p.m. The record indicated Resident #C was admitted with diagnoses that included, but were not limited to, bronchitis, chronic obstructive pulmonary disease, anxiety, and depression.</p> <p>An annual Minimum Data Set Assessment, dated 2/16/11, indicated Resident #C received</p>						

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	<p>oxygen therapy in the last 14 days.</p> <p>Physician's recapitulation orders, dated May 2011, indicated an order for respiratory treatments of Albuterol 2.5 milligrams in 0.5 milliliters in a unit dose vial to be given with Atrovent 0.2% solution 2.5 milliliters via a nebulizer four times a day for chronic obstructive pulmonary disease.</p> <p>Review of the Respiratory Flow</p>						

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	<p>Records for April and May 2011 failed to indicate the 8:00 p.m. dose of the Albuterol and Atrovent had been administered.</p> <p>During an interview on 5/12/11 at 8:40 p.m., the Corporate Nurse Consultant indicated staff had clarified the order for the 8:00 p.m. respiratory treatment and the treatment was supposed to have been discontinued, but showed up the next month's recapitulation orders. The Director of</p>						

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	<p>Nurses (D.O.N.) provided a copy of the original order, dated 2/10/11, with the order to discontinue the 8:00 p.m. respiratory treatment. The D.O.N. provided a copy of the clarification order, dated 5/12/11 at 8:15 p.m., to discontinue the 8:00 p.m. nebulizer treatment.</p> <p>During an interview on 5/16/11 at 11:45 a.m., the D.O.N. indicated they usually don't have any problems with the re-writes, they had changed the way they</p>						

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	<p>did the re-writes, but now are going back to the old way. She said they originally had one person do all the re-writes and then they went to every floor doing their own, and now "are going back to one person doing them."</p> <p>2. A policy and procedure for "CONTINUOUS OXYGEN THERAPY" was provided by the Minimum Data Set Coordinator on 5/12/11 at 8:35 p.m. The policy</p>						

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	<p>included, but was not limited to: "...16. Document initiation of therapy in residents medical record, including: a. Data and time of set up...g. Signature and credentials of personnel administering oxygen...."</p> <p>Resident #C's record indicated an order for oxygen at 2 liters per minute per nasal cannula as needed with 0.9% normal saline for humidification for shortness of breath.</p>						

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	<p>On 5/12/11 at 6:55 p.m., Resident #C was observed sitting in a wheelchair with her oxygen on at 2 liters via nasal cannula. Resident #C indicated she uses her oxygen "all the time."</p> <p>Review of the following nurse's notes indicated Resident #C was using oxygen:</p> <ul style="list-style-type: none"> - 5/8/11 at 12:00 a.m. - oxygen on at 2 liters via nasal cannula. - 5/9/11 at 12:30 p.m. - oxygen on at 2 liters via nasal cannula. - 5/11/11 at 12:00 a.m. - 						

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	<p>oxygen on at 2 liters via nasal cannula.</p> <p>- 5/12/11 at 12:00 a.m. - oxygen on at 2 liters via nasal cannula.</p> <p>Review of the Respiratory Flow Records for April and May 2011 failed to indicate Resident #C had been using oxygen, as all the grids for initials of staff administering the oxygen had been left blank.</p> <p>3.1-45(a)(2)</p> <p>3.1-50(a)(1)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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